U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 7 800	2. Fiscal Year Covered From:		
210	2. Fiscal Teal Covered From.  1 / 1 / 2004 Through: 1 / 12 / 2004		
Name and address of person filing.	Name, file number, and address of labor organization.		
ame Freddie M Lucero	Name OPCMIA		
	Labor Organization File Number		
O Box Pide Boom No if any	D.O. Dav. Building and Deem Number if any		
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
reet 927 S. 4th St.	Street 14405 Laurel Pl. Suite 300		
ty Cottonwood	City Cottonwood		
ate Arizona ZIP Code + 4 86326	State Arizona ZIP Code + 4 20707		
Position in labor organization.  International Field Repres	sentative		
(except as specified in the Held an interest in, engaged in transactions (including loans) with	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  n, or derived income or other economic benefit of alzation represents or is actively seeking to represent.		
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Date

Telephone Number

lame of Person Filing Freddie Lucero		File Number U- Z80 O			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	NONE				
Street	11.b. Approximate dollar valu	e of such dealing.	\$0		
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	NONE				
	12.b. Amount.		\$0		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	NONE				
Name	NATION OF BEING		en e		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$0		